

| ORDER FOR SUPPLIES OR SERVICES  |  |   |                                    |   |  |                      |   |   |                                 | PAGE 1 OF 4  |  |
|---|--|---|------------------------------------|---|--|----------------------|---|---|---------------------------------|--|--|
| 1. CONTRACT PURCH ORDER/AGREEMENT NO.<br>DAAE20-03-D-0186   |  |   | 2. DELIVERY ORDER/CALL NO.<br>0001 |   | 3. DATE OF ORDER/CALL (YYYYMMDD)<br>2003OCT06  |                      | 4. REQUISITION/PURCH REQUEST NO.<br>SEE SCHEDULE                  |   | 5. PRIORITY<br>DOA5             |  |  |
| 6. ISSUED BY<br>TACOM-ROCK ISLAND<br>AMSTA-LC-CSC-A<br>TERESA STOTTLEMYRE (309)782-4626<br>ROCK ISLAND IL 61299-7630<br>EMAIL: STOTTLEMYRET@RIA.ARMY.MIL  |  |   | CODE W52H09                        |   | 7. ADMINISTERED BY (If other than 6)<br>DCMA ATLANTA<br>805 WALKER STREET SUITE 1<br>MARIETTA GA 30060-2789                            |                      |   | CODE S1103A   |                                 | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br>(See Schedule if other)                              |  |
| 9. CONTRACTOR<br>ALPHA TECHNOLOGIES<br>208 BOOT HILL DRIVE<br>WINCHESTER, TN. 37398-3345  |  |   | CODE OHF27                         |   | FACILITY   |                      | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)<br>SEE SCHEDULE     |   |                                 | 11. X IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL<br>DISADVANTAGED<br><input type="checkbox"/> WOMAN-OWNED |  |
| NAME AND ADDRESS<br>TYPE BUSINESS: Other Small Business Performing in U.S.  |  |   |                                    |   | 12. DISCOUNT TERMS<br>Net 30 Days  |                      |   | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Block 15 |                                 |  |  |
| 14. SHIP TO<br>SEE SCHEDULE   |  |   | CODE                               |   | 15. PAYMENT WILL BE MADE BY<br>DFAS COLUMBUS CENTER<br>DFAS-CO/SOUTH ENTITLEMENT OPERATION<br>P O BOX 182264<br>COLUMBUS OH 43218-2264 |                      |   | CODE HQ0338   |                                 | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2   |  |
| 16. TYPE OF ORDER   |  | DELIVERY/CALL<br><input checked="" type="checkbox"/>  |                                    | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.                |  |                      |   |   |                                 |  |  |
| PURCHASE  |  |   |                                    | Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.<br>furnish the following on terms specified herein. |  |                      |   |   |                                 |  |  |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.   |  |   |                                    |   |  |                      |   |   |                                 |  |  |
| <div style="display: flex; justify-content: space-between;"> <span>NAME OF CONTRACTOR</span> <span>SIGNATURE</span> <span>TYPED NAME AND TITLE</span> <span>DATE SIGNED (YYYYMMDD)</span> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: |  |   |                                    |   |  |                      |   |   |                                 |  |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br>SEE SCHEDULE   |  |   |                                    |   |  |                      |   |   |                                 |  |  |
| 18. ITEM NO.  |  | 19. SCHEDULE OF SUPPLIES/SERVICE  |                                    |   | 20. QUANTITY ORDERED/ACCEPTED*   |                      | 21. UNIT  | 22. UNIT PRICE  |                                 | 23. AMOUNT   |  |
|   |  | SEE SCHEDULE<br>CONTRACT TYPE:<br>Firm-Fixed-Price<br><br>KIND OF CONTRACT:<br>Supply Contracts and Priced Orders |                                    |   |  |                      |   |   |                                 |  |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X.<br>If different, enter actual quantity accepted below quantity ordered and encircle.   |  |   |                                    | 24. UNITED STATES OF AMERICA<br>SUZANNE K MCGREGOR /SIGNED/<br>MCGREGORS@RIA.ARMY.MIL (309)782-3127<br>BY: _____ CONTRACTING/ORDERING OFFICER                   |  |                      |   |   | 25. TOTAL<br>\$10,528.00        |  |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____   |  |   |                                    |   |  |                      |   |   |                                 |  |  |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |   |                                    |   | c. DATE (YYYYMMDD)   |                      | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |   |                                 |  |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |   |                                    |   | 28. SHIP. NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL  |                      | 29. D.O. VOUCHER NO.  |   | 30. INITIALS                    |  |  |
| f. TELEPHONE NUMBER   |  |   | g. E-MAIL ADDRESS                  |   | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                 |                      | 32. PAID BY   |   | 33. AMOUNT VERIFIED CORRECT FOR |  |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.   |  |   |                                    |   |  |                      |   |   | 34. CHECK NUMBER                |  |  |
| a. DATE (YYYYMMDD)  |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER  |                                    |   |  |                      |   |   | 35. BILL OF LADING NO.          |  |  |
| 37. RECEIVED AT   |  | 38. RECEIVED BY (Print)   |                                    | 39. DATE RECEIVED (YYYYMMDD)  |  | 40. TOTAL CONTAINERS |   | 41. S/R ACCOUNT NUMBER                                    |                                 | 42. S/R VOUCHER NO.  |  |

|  |   |                           |
|--|---|---------------------------|
| <b>CONTINUATION SHEET</b>                                | <b>Reference No. of Document Being Continued</b><br><br><b>PIIN/SIIN</b> DAAE20-03-D-0186/0001 <b>MOD/AMD</b> | <b>Page</b> 2 <b>of</b> 4 |
| <b>Name of Offeror or Contractor:</b> ALPHA TECHNOLOGIES |   |                           |

SUPPLEMENTAL INFORMATION

1. This Delivery Order obligates the guaranteed minimum quantity of 4,700 each Trigger Guards for the M249 Machine Gun and is in accordance with the terms and conditions of DAAE20-03-D-0186. Consequently, the Government is under no further obligation to place any additional orders.
2. This award is processed against Ordering Period 1, Clin 0001 for a quantity of 4,700 each Trigger Guards at a unit price of \$2.24, for a total contract amount of \$10,528.00.

\*\*\* END OF NARRATIVE A 001 \*\*\*

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**Name of Offeror or Contractor:** ALPHA TECHNOLOGIES

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT       |
|---------|--|----------|------|------------|--------------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |            |              |
| 0001    | NSN: 1005-01-128-5712<br>FSCM: 19200<br>PART NR: 9348370<br>SECURITY CLASS: Unclassified   |          |      |            |              |
| 0001AA  | <u>PRODUCTION QUANTITY</u><br><br>NOUN: GUARD,TRIGGER<br>PRON: M131S417M1      PRON AMD: 03      ACRN: AA<br>AMS CD: 0700116Z6ZA<br><br><u>Packaging and Marking</u><br><br><u>Inspection and Acceptance</u><br>INSPECTION: Origin      ACCEPTANCE: Origin<br><br><u>Deliveries or Performance</u><br>DOC                          SUPPL<br><u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u><br>001 W52H093036A156 W25G1U J                          1<br><u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u><br>001                          2,000                          10-MAR-2004<br><br>002                          2,000                          09-APR-2004<br><br>003                          700                          10-MAY-2004<br><br>FOB POINT: Destination<br><br>SHIP TO: <u>FREIGHT ADDRESS</u><br>(W25G1U) XU TRANSPORTATION OFFICER<br>DDSP NEW CUMBERLAND FACILITY<br>BUILDING MISSION DOOR 113 134<br>NEW CUMBERLAND PA 17070-5001<br><br><u>CONTRACT/DELIVERY ORDER NUMBER</u><br>DAAE20-03-D-0186/0001 | 4700     | EA   | \$ 2.24000 | \$ 10,528.00 |

Name of Offeror or Contractor: ALPHA TECHNOLOGIES

CONTRACT ADMINISTRATION DATA

| PRON/       |             | OBLG        |             | JOB                              |              | ACCOUNTING    |        | OBLIGATED |
|-------------|-------------|-------------|-------------|----------------------------------|--------------|---------------|--------|-----------|
| LINE        | AMS CD/     |             |             | ORDER                            |              | STATION       |        | AMOUNT    |
| <u>ITEM</u> | <u>MIPR</u> | <u>ACRN</u> | <u>STAT</u> | <u>ACCOUNTING CLASSIFICATION</u> |              | <u>NUMBER</u> |        |           |
| 0001AA      | M131S417M1  | AA          | 2           | 97                               | X4930AC6G 6D | 26FB          | S11116 | 10,528.00 |
|             | 0700116Z6ZA |             |             |                                  |              |               |        |           |
|             |             |             |             |                                  |              | TOTAL         | \$     | 10,528.00 |

| SERVICE     |                      |                                  |           |    | ACCOUNTING     |               | OBLIGATED    |  |
|-------------|----------------------|----------------------------------|-----------|----|----------------|---------------|--------------|--|
| <u>NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> |           |    | <u>STATION</u> | <u>AMOUNT</u> |              |  |
| Army        | AA                   | 97                               | X4930AC6G | 6D | 26FB S11116    | W52H09        | \$ 10,528.00 |  |
|             |                      |                                  |           |    |                | TOTAL         | \$ 10,528.00 |  |